

Fall Management

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Disclaimer

- Today's session is intended to generate thought processes on how to enhance the management of falls. Any information expressed today is meant to function as guideline to help you form an appropriate fall management process. Prior to implementation of any policy, procedure, or use of forms, it is recommended to seek advice of appropriate counsel for approval prior to use.



Objectives

- To provide knowledge to assist in implementing a more effective and efficient Fall Management Program that will stay successful over time.
- To provide various samples of policies, procedures, and forms to aide in development of a Fall Management Program.
- To demonstrate there are various levels within the facility in which Fall Management can be incorporated.

Obviously, a Large Concern for All Involved

- Falls are a leading cause of injury
- Falls can greatly decrease quality of life
- Falls can greatly increase cost of care
- Falls can greatly effect relationships with residents/family/staff
- Falls can lead to legal procedures

First thing is first...Why listen to me?

- Graduated with Doctorate in Physical Therapy in 2006 from Duquesne University
- Employed as a Physical Therapist in multiple healthcare settings
 - Acute care
 - Outpatient care
 - Home Health care
- Employed as a PCH Administrator
 - 120 beds with SDCU
 - Age in Place Medical Model
 - Licensed Nurse 24 hours a day on site
 - Resident with multiple diagnoses, comorbidities
 - Care for foley caths, colostomies, immobiles, hoyer lifts, wounds, etc.
- Currently Director Of Operations for Paramount Health Resources, Inc.
 - Skilled Nursing Facilities
 - Personal Care Homes
 - Home Health
 - Hospice

And Along the Way

In each setting and position, Falls and Fall Management has been set as a top priority.

Not One Way

- Perform a Google search for
 - Fall Policy
 - Fall Management/Decreasing Falls
 - Causes of falls
- So, which is right?
- If there was one way to provide Fall Management, then everyone would do it.

Huge Amounts of Research

- Falls have been researched in every which way
 - Causes of falls
 - Risk factors for falls
 - Prediction of falls
 - Standardized Tests
 - Post fall function
 - Reduction of falls
 - Effect of falls on quality of life
 - Morbidity/Mortality rates
 - Subjective/Objective/Survey/Retrospective etc.
- The amount of research can be overwhelming
- Thus making proper Fall Management appear to be a moving target

What is a Fall?

- Any event that results in an unintended, unexpected contact with a supporting surface.
 - Witnessed
 - Unwitnessed- resident found or resident reported
 - Lowering to the floor
- Near Fall

What Causes Falls?

- Lets take a scenario with limited information
 - A staff member witnesses a female resident utilizing a wheeled walker trip and fall in the hallway. The staff member tells you, “it looked liked she just tripped.” When you talk to the resident she states, “I’m fine, I must have just tripped myself.”
 - What was the cause of her fall?

Iceberg...



The investigation into a fall is often times very superficial.

What Caused the Fall?

- Weakness
- Limited mobility
- Wheeled walker fitting
- Proper use of w/w
- Flooring
- Clutter/Object on Floor
- Shoe wear
- Foot condition
- Decreased food/liquid intake
- Distracted
- Dizziness
- Did she turn her head
- Diagnoses
- New medication
- Lighting
- Trying to get to bathroom
- Call bell location
- Mouth condition/Denture
- Hearing aide function

Risk Factors

- Internal (Health factors)

- Recent Falls
- Low vision/hearing
- Diminished sensation
- Impaired gait/Impaired mobility
- Weakness
- Altered cognition
- Polypharmacy
 - Side effects
 - Interactions
- Incontinence
- Physical disability/deformities

- External (Environmental)

- Toilet
- Furnishings
- Flooring
- Lighting
- Assist device
- Clutter
- Distance to objects
- Distance to bathroom
- Room/Bathroom layout
- Footwear
- Crowded area

Risk Factors

- Behavioral

- Choosing to walking in improper footwear
- Not using recommended assist device
- Overestimation of own abilities
- Not wanting to bother the staff

- Situational

- New admissions- environment change, physical plant
- Re-admissions
- New medications
- Post-meal times
- Change in condition
- Presence of acute diseases or exacerbations of

Risk Factors

- Modifiable
- Non-modifiable

- What is modifiable for one resident may not be modifiable for another.

- Ex. Weakness
 - Resident return from an acute care stay?
 - Resident with hemiparesis post CVA?

The Bottom Line is Falls are **MULTIFACTORIAL!**

- Falls have multifactorial events that involve multiple fall risk factors. In addition, the risk factors may be weighted differently in each resident and incident.
 - Once again, making Fall Management seem like a moving target

Everyone Has A Role

- Each setting and position can be involved differently in the way Falls and Fall Management is discussed.
 - Corporate Level
 - Facility level
 - Facility management
 - Direct care and Non-direct care staff
 - Resident
 - Family
 - Outside Providers

Everyone Has A Role

- Each Department in the Facility has involvement in Falls
 - Administrator- daily involvement of all falls in facility, implementation of policies/procedures, completion of Q/A, education of staff
 - Nursing- identification and management of resident needs, knowledge of changes in a resident
 - Housekeeping- use of proper procedures when cleaning
 - Maintenance- maintaining physical plant conditions
 - Activities- engagement of residents
 - Admissions- proper vetting, education of residents/family prior to admission
 - Dietary- nutritious meals, communication of change in eating/drinking habits

Professions and Their Involvement in Falls

- Physical Therapist- mobility, balance, strength
- Occupational Therapist- environmental settings, dressing
- Doctors- differential diagnosis, labs, multiple medications
- Pharmacists- medication interactions or side effects
- Psychologists- anxiety, depression, cognition, risk taking behaviors

- This list can go on and on...

The Bottom Line is Falls are **MULTIDISCIPLINARY!**

- You can not manage falls on your own
- Each discipline/profession whether provided in the facility or from an outside provider can add value to fall management whether prior to or post fall
- Use of “The Subject Expert”

Where Do We Even Start?

- With Falls Management being so complex, it is easy to see why there is a large variety in how everyone manages falls.

Timeline Components of Fall Management

- Pre-Pre Admission
 - Pre-Admission
 - Admission
 - Post Admission
 - Post Fall
-
- Of course there will be some overlap

Pre-Pre Admission

- Facility Policies, Procedures, Forms
 - Admission/Discharge criteria
 - Fall Policies
 - Staff education/training/preceptor programs
 - Staff Communication- streamlined
 - Resident/Family education
 - Q/A- trending and tracking of falls
 - Process for facility management to have knowledge of all new orders daily
 - Process for facility management to have knowledge of and discuss all falls daily
- Staffing mix
- Physical Plant
- Resource relationships- gather yourself around people that know how your facility operates and who care about your residents

Fall Management Policy (2 parts)

Part 1: Prioritizing Approaches

- a) The staff, with input from various sources such as previous assessments, physician, family, therapy, and other staff will identify appropriate interventions to reduce the risk of falls. If an evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions.
- b) Examples of initial approaches might include addition of therapy services or rearrangement of room furniture. If a medication is suspected as a possible cause of a resident's falling, the initial intervention might be to taper or stop that medication.
- c) The physician, in conjunction with the facility and/or pharmacist will identify and adjust medications that may be associated with increased risk of falling, or indicate why those medications could not be tapered or stopped, even for a trial period.
- d) If falling recurs despite initial interventions, staff may reevaluate current interventions with appropriate parties. Additional interventions, different interventions may be attempted, or an indication that the current approach remains relevant.
- e) If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature of falling, until falling is reduced or stopped, or until the reason for the continuation of the falling is identified as unavoidable.
- f) In conjunction with the physician, staff will identify and implement relevant interventions to try to minimize serious consequences of falling.

Fall Management Policy (2 parts)

Part 2: Monitoring

- a) If interventions have been successful in preventing falls, staff will continue the interventions or reconsider whether these measures are still needed if a problem that required the intervention has resolved.
- b) If the resident continues to fall, staff will reevaluate the situation and whether it is appropriate to continue or change current interventions. The physician, therapy, pharmacist, or other supportive personnel will help the staff reconsider these interventions and other possible causes that may not have previously identified.
- c) The staff and/or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls.

Pre-Admission

- Required Pre-Admission Screen- is it enough information?
- Subjective history of fall(s)
 - Resident
 - Family
 - Medical Professional

You will commonly get 3 different stories
- Consequences of the fall(s)
- Prior living environment
- Prior level of function
- Since fall
 - Current level of function
 - What changes have been made and have the changes been effective
- Communication to Administrator and Department Heads
- Resident and Family education
- Resident and Family tour of facility
- Resident seen by Doctor recently? Obtain current signed medical orders
- New Resident Alert for staff

New Resident Alert

NEW RESIDENT ALERT

Date Posted: _____

Projected Admission Date: _____ Projected Arrival Time: _____

Resident Name: _____ Physician: _____

Apartment: _____ Arriving From: _____

Pharmacy: _____ Medications: Self Admin or Staff Admin

Diagnosis: _____

PMH: _____

Diet: _____

Continence: _____

Incontinent Supply Provider: Paramount Family Other: _____

Alertness/Orientation: _____

Assist Devices: _____

Wound/Dressing: _____

ADLs:

Category	Assist Y/N	Comments
Bathing		
Dressing Grooming		
Dentures		
Hearing Aid		
Meals/Eating		
Mobility		
Toileting		
Transferring		

Comments:

The information above is the best known information at the time.

- Posted prior to arrival of new resident
- Usually posted in Nurses Station
- Helps answers questions that staff have when they hear they will be caring for a new resident

Admission

- Minimal paperwork day of admission, if possible
- Introductions/Meet and Greet with staff, Tour of facility, Introduction to Room
- Resident/Family Education
- Orthostatic Hypotension screen
- Fall Risk Assessment
 - Formal, standardized, process
 - Completed at defined events: admission, readmission, post fall with injury, new episode of multiple falls, upon significant change
 - Use of an approved standardized form helps the assessment stay consistent and ensures documentation
 - The form needs to be efficient- easy to complete in a reasonable amount of time
 - The form needs to be effective- cover a wide array of concerns/risk factors
 - The form should include a way to quickly and easily document education provided and completion of environmental safety check
 - The form should include a general pathway to interventions
 - Form filed with other Fall Risk Assessments
- Streamline Communication to Staff- Information regarding resident needs to get to staff effectively and efficiently

Fall Risk Assessment

Resident: _____

To be completed on all new admissions, readmission from a hospital skilled nursing, rehab, following a fall that resulted in an injury and upon recognition of significant change.

For each risk factor rated "yes", refer to the strategies listed below factor.

Resident:

Referral Options and Equipment Requirements

Referral to:

- General Practitioner
- Physical Therapist
- Podiatrist
- Dietitian
- Other (continence group, mobility and dexterity group, etc)

Please specify:

GENERAL ISSUES (Do not include in final score)

- New Resident - has the resident been oriented to the facility, room, and routines? Has resident been educated on use of call bell Yes No
- Communication - is there a problem with communication (eg. Language or Dysphasia)? Yes No
- Environment - has the resident's environment been assessed and is it safe? (Is the seating/bed the correct type and height, is the call bell within reach, is the room free of clutter, is assistive equipment required, eg. bed cane) Yes No

GENERAL ISSUES STRATEGIES

- Optimize environmental safety:- bed/chair at correct height and brakes on (regularly check), mat on floor if required; bedside table in reach and items frequently used in reach and safely accessed; furniture stabilized which might be used for balance; ensure call bell working and within reach; proper lighting, reduce sun glare and minimize noise; night lights at bedside; remove clutter; clean and dry floor surfaces; walkways clear and handrails accessible; secure loose carpets, mats or tubing from items such as oxygen supply.
- Regular equipment and aids maintenance (such as glasses, hearing aids, walking aids, chairs, wheelchairs)
- Provide falls prevention education
- Appropriate supervision as required
- Provide regular activities during the day to aid sleep at night or reduce agitation during the day
- Reorient to facility regularly
- Place at risk residents closer to nurses' station
- All staff to use uniform methods when instructing/assisting patient in all transfers/mobility/ADL's; including verbal prompts, physical techniques

Fall Risk Assessment

RISK FACTOR AND STRATEGIES	RISK FACTOR AND STRATEGIES
<p>HISTORY OF FALLING</p> <p>• Has the resident had more than 2 falls in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Notify therapy department</p>	<p>CONTINENCE & BOWEL PROBLEMS</p> <p>• Is the resident incontinent, do they require frequent toileting or prompting to toilet, or do they require nocturnal toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Initiate or re-evaluate an appropriate continence management plan</p>
<p>MEDICATIONS</p> <p>• Is the resident taking 4 or more medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Does the resident take any of the following types of medication? (If yes, check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> vasodilator/cardiac <input type="checkbox"/> psychotropic</p> <p><input type="checkbox"/> antihypertensive <input type="checkbox"/> antiparkinsonian</p> <p><input type="checkbox"/> anticonvulsants <input type="checkbox"/> analgesic</p> <p><input type="checkbox"/> vestibular suppressant <input type="checkbox"/> sedative</p> <p><input type="checkbox"/> diuretics</p> <p><input type="checkbox"/> Medication review – In the past month has the patient's medications been reviewed by their doctor/pharmacist?</p>	<p>TRANSFERS AND GAIT</p> <p>• Does the resident have difficulty getting on and off the toilet/bed/chair and/or tend to make use of towel rails/bedside tables or other furniture or fixtures to assist them transferring or for additional support while ambulating? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Assess for appropriate chair type and height</p> <p><input type="checkbox"/> Assess for use of aids, eg. gait belt</p> <p><input type="checkbox"/> Ensure all wheelchairs are safe and in full working order</p> <p><input type="checkbox"/> Refer to therapy dept. for assessment and intervention as required</p> <p><input type="checkbox"/> Lock both brakes on all wheelchairs/shower chairs when stationary</p>

Fall Risk Assessment

<p>NUTRITION</p> <ul style="list-style-type: none">• Has the resident's food intake declined in the past 3 months due to a loss of appetite, digestive problems, chewing or swallowing difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No• Has the resident lost or gained weight in the last 3-12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Intervention:</p>	<p>FOOTWEAR</p> <ul style="list-style-type: none">• Does the resident have corns, ingrown toe nails, bunions, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No• Does the resident wear ill-fitting shoes/slippers, high heels and/or shoes with poor grip? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Refer to podiatrist</p> <p><input type="checkbox"/> Provide education to family/caregiver on proper footwear</p>
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Fall Risk Assessment

<p>BALANCE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none">• Is the resident unsafe/unsteady when asked to stand from a chair, walk 10 feet, turn and return to the chair independently (using a walking aid if the resident normally walks with an aid)? <p><input type="checkbox"/> Refer to physical therapist for appropriate assessment and intervention</p> <p><input type="checkbox"/> Consider hip protectors</p> <p><input type="checkbox"/> Ensure appropriate gait aid is supplied</p>	<p>FUNCTIONAL BEHAVIOR <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none">• Observed behaviors in Activities of Daily Living and mobility indicate the resident underestimates their abilities/is inappropriately fearful of activity, or over-estimates their abilities resulting in frequent risk-taking behavior. <p><input type="checkbox"/> Address patient anxieties/reassure patient-evaluate causes of anxiety and agitated behavior</p> <p><input type="checkbox"/> Appropriate supervision as required</p> <p><input type="checkbox"/> Attention seeking behavior-oncology assessment of underlying issues</p> <p><input type="checkbox"/> If depressed, appropriate referrals are made to GP and/or Psychologist</p>												
<p>SENSORY LOSS</p> <p>• Does the resident have an uncorrected sensory deficit that limits his/her functional ability?</p> <ul style="list-style-type: none">• Vision <input type="checkbox"/> Yes <input type="checkbox"/> No• Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No• Sensory (touch) <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> If not done in past year, refer resident to have vision/hearing tested</p> <p><input type="checkbox"/> Communication-meet with family regarding resident's gestures and common cues, refer to speech therapist, use of an interpreters for language other than English</p> <p><input type="checkbox"/> Refer to optometrist/ophthalmologist/audiologist for glasses/hearing aid</p> <p><input type="checkbox"/> Ensure resident wears appropriate glasses/hearing aids and they are in proper working order</p>	<p>ACUTE ILLNESS/CHRONIC CONDITIONS</p> <ul style="list-style-type: none">• Does the resident have any sign of acute illness, eg, altered behavior, confusion, pain, malaise, fever, cough, urinary symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No• Does the resident have any of the following medical condition/s that affects balance and mobility? <input type="checkbox"/> Yes <input type="checkbox"/> No <table><tr><td><input type="checkbox"/> Respiratory condition</td><td><input type="checkbox"/> Arthritis</td></tr><tr><td><input type="checkbox"/> Parkinson's Disease</td><td><input type="checkbox"/> Diabetes</td></tr><tr><td><input type="checkbox"/> Peripheral neuropathy</td><td><input type="checkbox"/> Cardiac Condition</td></tr><tr><td><input type="checkbox"/> Lower Limb Amputation</td><td><input type="checkbox"/> Dementia</td></tr><tr><td><input type="checkbox"/> Other neurological</td><td><input type="checkbox"/> Stroke/TIA</td></tr><tr><td><input type="checkbox"/> Vestibular Disorder(eg. dizziness)</td><td></td></tr></table> <p><input type="checkbox"/> Refer the resident to doctor for a review of management of medical condition(s) and medications</p>	<input type="checkbox"/> Respiratory condition	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Peripheral neuropathy	<input type="checkbox"/> Cardiac Condition	<input type="checkbox"/> Lower Limb Amputation	<input type="checkbox"/> Dementia	<input type="checkbox"/> Other neurological	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Vestibular Disorder(eg. dizziness)	
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<input type="checkbox"/> Other neurological	<input type="checkbox"/> Stroke/TIA												
<input type="checkbox"/> Vestibular Disorder(eg. dizziness)													

Fall Risk Assessment

<p>• MENTAL STATE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>• Is the resident experiencing any of the below? If yes check the symptom.</p> <p><input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Wandering</p> <p><input type="checkbox"/> Confusion <input type="checkbox"/> Disorientation</p> <p><input type="checkbox"/> Decreased cooperation or judgment especially</p> <p><input type="checkbox"/> Bed/chair monitor</p> <p><input type="checkbox"/> Consider engagement in physical activities/other activities</p> <p><input type="checkbox"/> Consider removal of gait aid from vision if resident consistently uses aid in unsafe manner (only if safe to and no available retraining)</p>	
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EQUIPMENT REQUIRED:

hip protectors high-low bed walking aid bed alarm chair alarm floor mats

other:

If the resident score is 10 points or higher, consider the resident a high risk for falls. Only count the yes boxes checked beginning with the risk factor and strategies section. Each yes box checked equals 1 point.

TOTAL SCORE _____

Resident Care Grid

Resident Care Needs Grid (Pt. 1)

Room	Resident	Self Admin	Dementia	Sp Diet	Thick Liquid	Pacer	IDDM (*SS)	NIDDM	Foley	Ostomy	Tranfer Device	Hosp Bed	Wound Skin Tear	Hospice	Physical Disability	Primary Psych Dx	Intellect Disability	Annual Flu Shot

Resident Care Needs Grid (Pt. 2)

Room	Resident	Bathing	Dressing	TED	Shaving	Dentures	Oxygen	Toileting	2 Person Assist	Hearing Aide	Incont.	Hydration	Allergy	Alarm	Floor Mats	Lo Bed	Misc.

- Updated and Posted as needed
- Great tool to summarize residents needs in one place for management and staff
- Great tool to track information needed by DHS

Standing Report “Cheat Sheet”

Room	Name	C / I	P / F	Standing Report	Notes	S
100	Mr. Smith	I		Dr. Howard. DNR. Allergic to Shellfish. Assist x1. Wears eyeglasses. Dentures. W/W. Likes to attend morning exercise.	Uses nightlight.	
101	Mr. Jones	C		Dr. Kelly. DNR. <u>Mech</u> soft diet. Assist x2. Hoyer lift. Incontinent of bladder. Lo bed with fall mats.	Requests to use bathroom prior to meals	

- Works with the Resident Care Grids
- Updated daily to allow quick communication. Reflect new residents and changes to residents
- Used daily by all direct care staff members
- Staff turn them in at end of shift
- Gives staff opportunity write in suggestions or updates to be considered. Especially useful for overnight shift

Interventions

- Endless amounts of interventions available.
- Most interventions stem from identifying risk factors associated with the resident.
- Interventions come into favor and go out of favor.
 - Much is driven by research
 - An intervention that used to be the gold standard may have now been disproven or replaced by a new gold standard.
 - Use the relationships with the Subject Experts you have developed to keep you current with effective/efficient interventions.

Interventions

- Based on the ALL the information you have gathered (subjective, objective, from forms, from assessments) identify a FEW priority risk factors
 - Must be identified as at least possibly MODIFIABLE
 - When appropriate, identify the subject experts needed and those experts involved in the care of resident.

Post-Admission

- Medical Record Review
- “72 hour” charting
- Resident “buddy system”
- Engagement of Activity Department- resident social profile
- Status of interventions
 - Not implemented
 - Partially implemented
 - Fully implemented
- Evaluation of interventions
 - Continue with current interventions
 - Make adjustments to current interventions
 - Eliminate current interventions and implement new
- Resident and Family follow up

Post-Fall

- Follow Fall Policy- safety, assessment, notifications, communication, follow up
- Post fall discussion among staff prior to completing narrative notes or incident/accident forms.
- Completion of narrative note and incident/accident report
- Nurse Manager or designee to read all narrative notes post fall.
 - Provide feedback to staff member entering documentation
- Nurse Manger or designee discussion with staff and resident involved.
- Administrator and Nurse Manager to review all incident/accident report to identify plan of action for each incident.
 - Further assessment needed
 - Communication with subject expert
 - Communication with Resident and Family
 - Review of interventions
 - Tracking and Trending of Fall for Q/A
 - Documentation of all the above
- Nurse Manager to communicate changes to staff

Fall Procedure

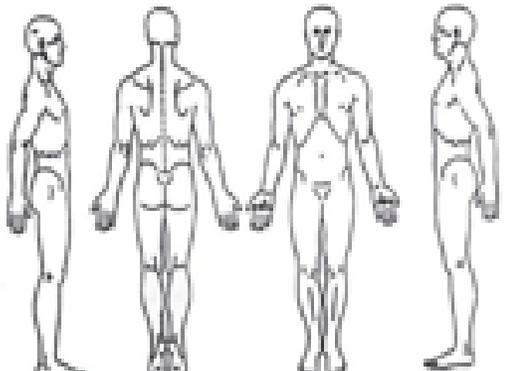
If a resident falls, the following steps should be taken as appropriate:

- Assess the resident
- Check vital signs(pulse, temperature, respirations, and blood pressure)
- Inspect for bruises, swelling and lacerations
- Assess level of consciousness
- Assess presence of pain
- Assess presence of other injuries
- Transport resident to bed if no apparent injuries that result in acute care treatment. If resident requires acute care treatment, leave resident at scene until EMT arrives
- Notify physician
- Notify responsible party
- Transfer resident to acute care emergency treatment center per physician order and/or if injuries require acute care services
- Paramount employee that witnesses and/or arrives to the scene of the incident must interview any witnesses to the incident
- Nurse staff documents a narrative regarding fall
Nurse staff completes incident/accident report
- Nurse staff and Director of Nursing identifies strategies for falls reduction and RASP is updated as appropriate
- If resident not sent out, monitor residents condition until any complaints are resolved

Incident Accident Report

INCIDENT / ACCIDENT REPORT

INTERNAL QA

Person Involved		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____	
Date of Incident/Accident	Time of Incident (/Accident) <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact location of incident/accident <input type="checkbox"/> Resident's Room (No. _____) <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Other: _____	
<input type="checkbox"/> RESIDENT List diagnosis if contributed to incident/accident	Resident's condition before incident/accident <input type="checkbox"/> Normal <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented <input type="checkbox"/> Bedated (Drug _____ Dose _____ Time _____) Other: _____		
	Were bed care devices ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were bed care devices present? <input type="checkbox"/> No <input type="checkbox"/> Yes (<input type="checkbox"/> Up <input type="checkbox"/> Down)	Was height of bed adjustable? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Was resident taking any: <input type="checkbox"/> Sleeping Aides <input type="checkbox"/> Narcotics <input type="checkbox"/> Diuretics <input type="checkbox"/> Antipsychotics		
<input type="checkbox"/> EMPLOYEE	Department:	Job Title:	Charge/Title in this position:
<input type="checkbox"/> VISITOR	Home Address:		Home Phone:
<input type="checkbox"/> OTHER	Occupation:	Reason for presence at facility:	
<input type="checkbox"/> Equipment Involved <input type="checkbox"/> Property Involved Describe:		Was person authorized to be at location of incident/accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe exactly what happened, only if applicable, what was stated verbally in an injury, what person/body injured, if property or equipment damaged, additional damage, what the resident was attempting to do at the time of the accident:			
Indicate on diagram location of injury:		Temp. _____ Pulse _____ Resp. _____ B.P. _____ Type of Injury: <input type="checkbox"/> 1. Laceration <input type="checkbox"/> 2. Hematoma <input type="checkbox"/> 3. Abrasion <input type="checkbox"/> 4. Burn <input type="checkbox"/> 5. Swelling <input type="checkbox"/> 6. None Apparent <input type="checkbox"/> 7. Other (specify): _____	
		Level of Consciousness: _____	

Name of Physician Notified:	Time of Notification <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time Responded <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Name and Reasoning of Family Member/Closest Representative Notified:	Time of Notification <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time Responded <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Was person involved seen by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Physician Name:	When:	Where:
Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of care provided and by whom:	When:	Where:
Was person involved taken to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Hospital name:	When:	Where:
Name, Title (Nurse/Physician/Pharmacist, or other) _____	Additional comments and/or suggestions to prevent recurrence:	
SIGNATURE/TITLE/DATE	SIGNATURE/TITLE/DATE	
Person completing report:	Receptor(s) only:	
Director/Manager:	Commissioner:	
Witness or Inmate:	Witness or Inmate:	

Interventions Post Fall- Same Process

- Based on the ALL the information you have gathered (subjective, objective, from forms, from assessments) identify a FEW priority risk factors
 - Must be identified as at least possibly MODIFIABLE
 - When appropriate, identify the subject experts and get those experts involved in the care of resident.
- Status of interventions
 - Not implemented
 - Partially implemented
 - Fully implemented
- Evaluation of interventions
 - Continue with current interventions
 - Make adjustments to current interventions
 - Eliminate current interventions and implement new
- Resident and Family follow up

Fall Communication

FALLS RISK Acknowledgement

Resident Name: _____ Room # _____

Communication Topic and Discussion:

Date of last fall: _____

Date of Meeting: _____

All Parties acknowledge meeting has occurred and confirms topic and discussion.

POA Name: _____

Resident Signature: _____ POA Signature: _____

Paramount Senior Living Employee Name: _____

Paramount Senior Living Employee Signature: _____

Falls Risk Strategies

Resident Name: _____

Strategies:

1.

2.

3.

Date of implementation: _____

POA Name: _____

Resident Signature: _____ POA Signature: _____

Paramount Senior Living Employee Name: _____

Paramount Senior Living Employee Signature: _____

- Used to discuss fall risk and strategies with resident and/or family.
- Offers consistent way of communicating and documenting.
- Allows family to express their opinions regarding fall management.

Lets Revisit Our Scenario

- A staff member witnesses a female resident utilizing a wheeled walker trip and fall in the hallway. The staff member tells you, “it looked liked she just tripped.” When you talk to the resident she states, “I’m fine, I must have just tripped myself.”

Minimizing Exposure to Legal

- Proper insurance coverage
- Proper Policies
- Proper Training
- Properly identify internal forms as such
- Transparent communication with Residents and Families
- Be able to show that the facility has been actively involved in attempting to decrease the likelihood of the resident's fall(s).
 - Document, Document, Document
 - Assessments, implementation, changes to program, changes/refusals of resident, communications.

The Old Sayings Go

- Practice makes perfect.
- Learn from your mistakes and other's mistakes.
- What you do to get there, is what you do to stay there.

And of course

IF YOU BUILD IT, THEY WILL FALL

Summary

- We need to...
 - Understand that Residents will fall
 - Understand Falls are a serious concern and will continue to be in many aspects of healthcare
 - Understand that all parties and multiple levels can contribute and are important to Fall Management
 - Understand Falls are complex and multifactorial; Require communication
 - Understand Falls require an effective and efficient daily procedure to manage
 - Understand we do not have to know everything; resources are available

References

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3. Mitty E, Flores S. Fall Prevention in Assisted Living: Assessment and Strategies. *Geriatric Nursing* 2007;28(6):349-357.
4. Tideiksaar R. Designing Strategies to Prevent Falls. *Assisted Living Consult* 2006:13-16.
5. Willy B, Osterberg C. Strategies for Reducing Falls in Long-Term Care. *Ann Long Term Care: Clinical Care and Aging* 2014;22(1):23-32.

Handouts will be available at:

www.paramountseniorliving.com

